

**ALCAN PACKAGING**

**Wheaton USA Inc.**

1101 Wheaton Avenue  
Millville, N.J. 08332-2047  
USA

Tel: (856) 825-1400  
Fax: (856) 327-8419  
www.alcan.com

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2003 JAN 24 PM 4: 24

RCRA PROGRAMS  
BRANCH



B-J 1/24/02

January 20, 2003

U.S. EPA Region 2  
Division of Environmental Planning and Protection  
RCRA Programs Branch (22 Floor)  
290 Broadway  
New York, New York 10007-1866

RE: Wheaton USA Inc  
EPA ID Numbers

NJD002349850 Wheaton Glass Millville  
NJD071626485 Wheaton Decora - Williamstown  
NJD049642820 Wheaton Mays Landing Plant  
NJD986609782 Wheaton Mold Shop

Dear Sir or Madam:

Wheaton USA Inc (Wheaton) has sold its Molded Glass Operations to The Glass Group Inc.(GGI). Therefore, Wheaton requests that the EPA ID Numbers for the affected sites be deactivated. Wheaton no longer operates nor generates hazardous waste from these sites.

If, or when GGI generates any hazardous waste from their facilities in the future, they will obtain a new ID Number to separate their activities from historical Wheaton operations.

An EPA Form 8700-12 has been completed for each of the sites listed above. These forms are submitted for Subsequent Notification of Regulated Waste Activity due to the change of ownership. Please call me at 856-825-0400 extension 2929 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "James P. Valenti".

James P. Valenti  
Manager, Environmental Affairs  
Wheaton USA Inc

Enclosures

Copy H. Hart, Wheaton  
P. Weikel, GGI  
M. DiPrinzio, ERM  
G. Unterberger, BSAI

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2003 JAN 24 PM 4:24

RCRA PROGRAMS  
BRANCH

<b>MAIL THE COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		ENVIRONMENTAL PROTECTION AGENCY, REGION III 2003 JAN 24 PM 4:25 RCRA PROGRAMS BRANCH	
<b>1. Reason for Submittal</b> (See instructions on page 23)  MARK CORRECT BOX(ES)	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.			
<b>2. Site EPA ID Number</b> (See instructions on page 24)	<b>EPA ID Number:</b> NJD 986 609 782			
<b>3. Site Name</b> (See instructions on page 24)	<b>Name:</b> WHEATON MOLD SHIP			
<b>4. Site Location Information</b> (See instructions on page 24)	<b>Street Address:</b> 300 M STREET			
	<b>City, Town, or Village:</b> MILLVILLE		<b>State:</b> NJ	
	<b>County Name:</b> CUMBERLAND		<b>Zip Code:</b> 08332	
<b>5. Site Land Type</b> (See instructions on page 24)	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (See instructions on page 24)	<b>A.</b> 327213		<b>B.</b>	
	<b>C.</b>		<b>D.</b>	
<b>7. Site Mailing Address</b> (See instructions on page 25)	<b>Street or P. O. Box:</b> 1101 WHEATON AVE.			
	<b>City, Town, or Village:</b> MILLVILLE			
	<b>State:</b> NJ			
	<b>Country:</b> USA		<b>Zip Code:</b> 08332	
<b>8. Site Contact Person</b> (See instructions on page 25)	<b>First Name:</b> JAMES		<b>MI:</b> P.	<b>Last Name:</b> VALENTI
	<b>Phone Number:</b> 856-825-0400		<b>Phone Number Extension:</b> 2929	
<b>9. Legal Owner and Operator of the Site</b> (See instructions on pages 25 to 26)	<b>A. Name of Site's Legal Owner:</b> <del>FORMER</del> WHEATON USA INC.		<b>Date Became Owner (mm/dd/yyyy):</b>	
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	<b>B. Name of Site's Operator:</b>		<b>Date Became Operator (mm/dd/yyyy):</b>	
	<b>Operator Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

EPA ID No. NJD986609782

**10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)****A. Hazardous Waste Activities****1. Generator of Hazardous Waste**  
(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

**B. Universal Waste Activities****1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):**

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities (Mark all boxes that apply.)**

- 1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**
- ☐ a. Transporter
- ☐ b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
- 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (See instructions on page 31)****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


ENVIRONMENTAL PROTECTION  
AGENCY REGION II  
2003 JAN 24 PM 4:25  
RCRA PROGRAMS  
BRANCH



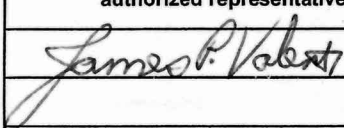
EPA ID No. NJD986609782

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


## 12. Comments (See instructions on page 31)

WHEATON USA INC SOLD THE FACILITY TO THE GLASS GROUP INC.  
 WHEATON REQUESTS THAT THE EPA ID NUMBER BE DEACTIVATED.  
 WHEATON FORMERLY LISTED D001, D002, D006, F002, F003, F005  
 AND X725, X726 ON THE NOTIFICATION OF REGULATED WASTE ACTIVITY.  
 WHEATON HAS NOT BEEN GENERATING THOSE WASTES FROM THE FACILITY  
 AND NT DELETED X725, X726 FROM THEIR WASTE CODES FOR USED OIL.

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	JAMES P. VALENTI, MGR. ENVIRONMENTAL AFFAIRS	01/17/2003

ENVIRONMENTAL PROTECTION  
 AGENCY REGION II  
 2003 JAN 24 PM 4:25  
 RCRA PROGRAMS  
 BRANCH

United States Environmental Protection Agency  
Washington, DC 20460

## Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

Comments

C  
C

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)C  
F

NJ D0002349850

T/A C  
1

870823

Cumberland  
011

## I. Name of Installation

Wheaton Industries - Research and Development

## II. Installation Mailing Address

Street or P.O. Box

C  
3

1101 Wheaton Avenue

City or Town

State

ZIP Code

C  
4

Millville

NJ

08332

## III. Location of Installation

Street or Route Number

C  
5

Same

City or Town

State

ZIP Code

C  
6

Same

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C  
2

Kenneth Wurtzel Project Director

6098251400

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C  
R

Wheaton Industries

P

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number



**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
U 1 1 7	U 1 6 9	See Attached List.			

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> 1. Ignitable (D001) | <input type="checkbox"/> 2. Corrosive (D002) | <input type="checkbox"/> 3. Reactive (D003) | <input type="checkbox"/> 4. Toxic (D000) |
|--|--|---|--|

**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature <i>Kenneth C. Wurtzel</i>	Name and Official Title (type or print) Kenneth Wurtzel Project Director	Date Signed <i>2/10/87</i>
--	---	-------------------------------

Chemical Name	Form	Quantity	Container
t-Butyl Perbenzoate	Liquid	1 Pint	Plastic
Benzoyl Peroxide	Powder	1 lb. bag	Plastic
Benzoyl Peroxide	Powder	100 g.	Plastic Pouch
99% Minimum Dicumyl Peroxide	Powder	1 lb. bag	Plastic Bag
MEK Peroxide	Liquid	1 pint cont.	Plastic
50% t-Butyl Peroctoate in organic solvent	Liquid	1 pint cont.	Plastic
2.5 Dimethyl-2.5 di (t-butyl-peroxy) hexane	Liquid	1 pint cont.	Plastic
2.5 Dimethyl-2.5 di (t-butly-peroxy) hexane-3	Liquid	1 pint cont.	Plastic
Di-tertiary Butyl Perozide	Liquid	1 pint cont.	Plastic
40% Dicumyl Peroxide on Calcium Carbonate	Powder	1 lb. bag	Plastic
t-Butyl Cumyl Peroxide	Liquid	1 pint cont.	Plastic
Epoxy Resin	Liquid	½ gal. cont.	Can
Ethylene Glycol Monoethyl Ether (Cellosolve Solvent)	Liquid	1 gal. cont.	Can
Diethyl Amine	Liquid	1 gal. cont.	Can
Glycol	Liquid	1 gal. cont.	Can
Aromatic Hydrocarbon Solvent	Liquid	1 gal. cont.	Can
-----			
U117 - Ethyl Ether	Liquid	1 liter can	Metal
U169 - Nitrobenzene	Liquid	1 pint	Glass bottle in 1 gallon can



MILLVILLE, NEW JERSEY 08332  
TELEPHONE 609 825 1400

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.  
1987 FEB 23 PM 4:25  
PERMITS ADMINISTRATION

February 19, 1987

Permits Administration Branch  
U.S.E.P.A. - Region II  
26 Federal Plaza, Room 432  
New York, NY 10278

Re: EPA Notification of Hazardous Waste Activity  
Wheaton Industries Research and Development

Gentlemen:

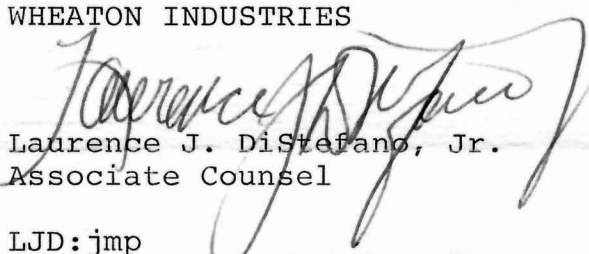
Enclosed herewith please find the above for Wheaton Industries  
Research and Development.

Would you please notify the undersigned of EPA number assigned.

Should you have any questions, please call the undersigned directly.

Very truly yours,

WHEATON INDUSTRIES

  
Laurence J. DiStefano, Jr.  
Associate Counsel

LJD:jmp  
enclosure





**POLLUTION ABATEMENT CONSULTANTS AND SERVICES**

A DIVISION OF WHEATON INDUSTRIES

1101 WHEATON AVENUE  
MILLVILLE, NEW JERSEY 08332  
TELEPHONE 609 825 1400

May 4, 1983

Mr. Ernest A. Regna  
Chief, Solid Waste Branch  
Air and Waste Management Division  
U.S.E.P.A., Region II  
26 Federal Plaza  
New York, New York 10278

RE: RCRA INSPECTION  
E.P.A. # NJD002349850  
Inspection Date: January 19, 1983

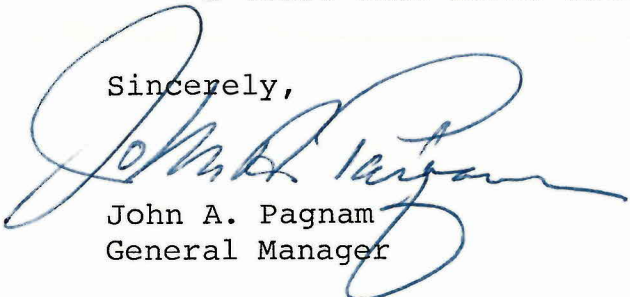
Dear Mr. Regna:

In regard to your request, I am submitting in writing  
our compliance to the regulations which we were in vio-  
lation. We have completed the requirements of:

40 CFR 265 Subpart C (Preparedness and Prevention)  
and 40 CFR 265 Subpart D (Contingency Plan and Emer-  
gency Procedures) and with 265.16 (Personnel Training)

I trust this meets with your satisfaction.

Sincerely,

  
John A. Pagnam  
General Manager

cc: Chief, Permits Administration Branch  
Jim Boughter  
file



RCRA INSPECTION FORM

PERMITS ADMIN. BRANCH  
REGION II  
FEB 7 4 05 PM '83  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

Report Prepared for:

Generator ☒

Transporter ☒

HWM (TSD) facility ☐

Copy of report sent to the facility ☐

Facility Information

Name: WHEATON GLASS Company

Address: WHEATON AVE.  
MILLVILLE, N.J.

County: CUMBERLAND

EPA ID#: NJD002349850

Date of Inspection: 1-19-83

Participating Personnel

State or EPA Personnel: ALBERT FRALINGER

Facility Personnel: JOHN PAGNAM  
BRUCE TRUITT

Report Prepared by Name: ALBERT FRALINGER

Agency: NJDEP - DWM - RED Lion Office

Telephone #: 609-859-2958

Approved for the Director by: \_\_\_\_\_

Summary of Findings

-A-

When glass company has all operation where by glass rods are dipped into a cyanide solution (Tank @ 1300 gallons) to remove grit and other build up. The solution consists of no less than 80,000 ppm cyanide. When the rods are dipped into solution the Cu, which keeps metal soluble at a high pH, oxidizes and must be periodically re-charged when the Cu in solution becomes less than 5000 ppm.

This set-up is similar (physically) to an electroplating operation. The 1300 gallon total consists of 2 tanks, a dip tank @ 800 gallons and rinse tank @ 500 gallons. However the tanks are connected and are considered one when waste is generated. The rinse tank usually consists of @ 125 ppm of Cu. The 1300 gallons is still considered a production operation with they actually reach a low concentration (7500 ppm Cu) in solution and then the entire 1300 gallons are pumped out and disposed of with a one day time frame.

Describe the activities that result in the generation of hazardous waste.

GLASS MOLDS ARE PLACED INTO A CYANIDE WASH SOLUTION TO BE CLEANED. THE CYANIDE KEEPS METALS SOLUBLE AT HIGH PH. THE PROCESS OXIDIZES THE CYANIDE IN SOLUTION AND MUST BE RECHARGED. THE TANK IS EMPTIED @ (4) TIMES/YR. THE TANK IS 1300 GALLONS IN SIZE.

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

NO REAL WASTE ON SITE. (FOOT)  
1300 GALLONS OF CYANIDE SOLUTION ON SITE BEING USED. SOLUTION RECENTLY CHARGE SO NO WASTE ON SITE UPON INSPECTION.

Is there reason to believe that the facility has hazardous waste on-site?

- a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate boxes:

- ☒ Company admits that its waste is hazardous during the inspection.
- ☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.
- ☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)
- ☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)
- ☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)
- ☐ Testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)
- ☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

GENERATOR INSPECTION CHECKLIST

40 CFR 262 Subpart A-General

YES NO N/A

262.11 - Hazardous waste determination

1) Did the generator test its waste to determine whether it is hazardous? TEST DONE @ 3 TIMES/YR

Is the waste hazardous?

FOOT - CYANIDE WASTE

2) Is the generator determining that its waste exhibits a hazardous waste characteristic(s) based on its knowledge of the material(s) or processes used?

40 CFR 262 Subpart B-The Manifest

Has hazardous waste been shipped off-site since November 19, 1980?

If yes, approximately how many shipments, off-site, have been made and describe the approximate size of an average shipment made on a monthly basis. If facility is a small quantity generator, please explain.

262.21 Does each manifest (or representative sample) have the following information? Please circle the missing elements.

— a manifest document number?

— the generators name, mailing address, telephone number and EPA I.D. Number?

— the transporters name and EPA I.D. Number?

— the name, address and EPA ID Number of the designated facility?

— a description of the wastes (DOT)?

— the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle?

— a certification that the materials are properly classified, described, package, marked and labeled, and are in proper condition for transportation under regulations of the DOT and EPA?

(obtain a copy of the incomplete manifests)

40 CFR 262 - Subpart D - Recordkeeping and Reporting

262.40 Has the generator maintained facility records since Nov. 19, 1980? (manifest, exception report and waste analysis)

262.42 Has the generator received signed copies (from the TSD facility) of all the manifests for waste shipped off-site more than 35 days ago?

If not, have Exception Reports been submitted to EPA covering any of these shipments made more than 45 days ago?



YES NO N/A

40 CFR 262 - Subpart C - Pretransportation Requirements

262.30-33 Before transporting or offering hazardous waste for transportation off-site does the generator:

- 1) Package the waste in accordance with applicable DOT regulations (i.e., 49 CFR Parts 173, 178 & 179) ✓
- 2) Label each package according to DOT (i.e., 49 CFR 172) ✓
- 3) Mark each package according to DOT (i.e., 49 CFR 172) ✓
- 4) Mark each container of 110 gallons or less with the words "Hazardous Waste - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. EPA," and include the generators name, address and manifest document number. (i.e., 49 CFR 172.304) ✓

262.34 Accumulation Time

1) How is waste accumulated on-site?

- ☐ Containers
- ☒ Tanks
- ☐ Surface impoundments (complete EWMF checklist)
- ☐ Piles (complete EWMF checklist)

2) Is waste accumulated for more than 90 days?

If yes, complete EWMF checklist

- 3) Is each container clearly dated with each period of accumulation so as to be visible for inspection?
- 4) Is each container or tank marked or labeled with the words "hazardous waste" or in compliance with the DOT labeling requirements?

STOP HERE IF THE HAZARDOUS WASTE MGT FACILITY (TSD) CHECKLIST IS FILLED OUT



262.34 - SHORT TERM ACCUMULATION STANDARDS

(For generators who accumulate waste in tanks or containers for 90 days or less)

40 CFR 265 - Subpart I Containers

N/A

YES NO N/A

265.170 - What type of containers are used for storage. Describe the size, type and quantity and nature of waste (e.g., 12 fifty-five gallon drums of waste acetone).

265.171 - Do the containers appear to be in good condition, not in danger of leaking?

\_\_\_ \_\_\_ ✓

If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.

265.172 - Are hazardous waste stored in containers made of compatible materials?

\_\_\_ \_\_\_ ✓

If not, please explain.

265.173(a) - Are all containers closed except those in use?

\_\_\_ \_\_\_ ✓

265.173(b) - Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?

\_\_\_ \_\_\_ ✓

265.174 - Is the storage area inspected at least weekly?

\_\_\_ \_\_\_ ✓

265.176 - Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?

\_\_\_ \_\_\_ ✓

265.177 - Are incompatible waste stored separate from each other?

\_\_\_ \_\_\_ ✓

40 CFR 265 Subpart J - Tanks

YES NO N/A

265.190 1) What are the approximate number and size of tanks containing hazardous waste?

1 TANK - 1300 GALLONS

2) Identify the waste treated/stored in each tank.

CYANIDE WASTE SOLUTION  
AND CYANIDE RINSE WATER

265.192 - General Operating Requirements

1) Are the tanks maintained so that there is no evidence of past, present, or risk of future leaks?

1 TANK - 1300 GALLONS  
If no, please explain.

2) Are there leaking tanks?

3) Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?

4) Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?

5) If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank? e.g. bypass system to a standby tank

265.194 - Inspections MATERIAL PUMPED FROM CLEANING TANK DIRECTLY TO HAULER FOR DISPOSAL.

1) Is the tank(s) inspected each operating day for  
a) discharge control equipment SOMEONE THERE  
b) monitoring equipment THROUGH-OUT OPERATING HOURS  
c) level of waste in tank TANK DOES HAVE DIKE

2) Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures? By physical observation

3) Are there underground tanks? DURING WORK HOURS - NO DOCUMENTED LOG KEPT

If yes, how many and can they be entered for inspection?

265.198 - Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?

If no, please explain.

265.199 - Does it appear that incompatible wastes are being stored separate from each other?

YES NO N/A

265.16 - Personnel Training

- 1) Have facility personnel successfully completed a program of classroom instruction or on-the-job training within 6 months of having been employed?

— — ✓

If yes, have facility personnel taken part in an annual review of training?

— — ✓

- 2) Is there written documentation of the following:

--job title for each position at the facility related to hazardous waste management and the name of the employee filling each job?

— — ✓

--type and amount of training to be given to personnel in jobs related to hazardous waste management?

— — ✓

--actual training or experience received by personnel?

— — ✓

- 3) Are training records kept on all employees for at least 3 years?

— — ✓

MATERIAL IS A PRODUCTION ACTIVITY, NO FORMAL HAZ. WST. TRAINING - ON THE JOB AND OSHA REQUIREMENTS, 40 CFR 265 - Subpart C - Preparedness and Prevention DANGERS, ETC.

- 265.32 Does the facility comply with preparedness and prevention requirements including maintaining:

-- an internal communications or alarm system?

WITHIN PROCESS WORKING AREA \*

-- a telephone or other device to summon emergency assistance from local authorities?

✓ — —

-- portable fire equipment?

✓ — —

-- water at adequate volume and pressure to supply water hose streams, foam producing equipment, etc.

✓ — —

- 265.33 Is equipment tested and maintained?

✓ — —

- 265.34 Is there immediate access to communications or alarm systems during handling of hazardous waste?

✓ — —

- 265.35 Adequate aisle space?

— — ✓

If no, please explain storage pattern.

In your opinion, do the types of waste on-site require all of the above procedures, or are some not needed: Explain.

— — ✓

MATERIAL IN BULK TANK AND IS CONSTANTLY BEING USED UNTIL A POINT IS REACHED WHERE MATERIAL IS TO WEAK - THEN DECLARED A WASTE AND PUMPED OUT AND TAKEN OFF SITE.

40 CFR 265 - Subpart D - Contingency Plan and Emergency Procedures

- Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions or any unplanned release of hazardous waste?

— — ✓

- 1) Does the plan describe arrangements made with the local authorities?

— — ✓

- 2) Has the contingency plan been submitted to the local authorities?

— — ✓

- 3) Does the plan list names, addresses and phone numbers of Emergency Coordinators?

— — ✓

- 4) Does the plan have a list of what emergency equipment is available?

— — ✓

- 5) Is there a provision for evacuating facility personnel?

✓ — —

- 6) Was there an emergency coordinator present or on call at the time of the inspection?

✓ — —

# Transporter Inspection Report Form

## 40 CFR Part 263 Transporter Standards

	YES	NO	N/A
263.10 - Does the transporter carry hazardous waste? <i>LISTED</i>		<input checked="" type="checkbox"/>	
263.12 - Does the transporter store hazardous waste at a transfer facility - if yes, how long? _____ 10 days or less _____ more than 10 days (complete TSD form)			<input checked="" type="checkbox"/>
263.20 - <u>Manifest System</u> - <i>APPLIES ONLY TO GENERATOR STATUS</i>			
1) Does the transporter have a copy for each manifest shipment of hazardous waste?	<input checked="" type="checkbox"/>		
2) Does a representative portion of the manifests show the following information (if no, circle the missing information)	<input checked="" type="checkbox"/>		
o Generator's name, address, telephone and EPA I.D. numbers, signature and date of signature	<input checked="" type="checkbox"/>		
o Transporter's name, EPA I.D. number, signature and date of signature	<input checked="" type="checkbox"/>		
o TSDF's name, address and EPA I.D. Number	<input checked="" type="checkbox"/>		
and either the signature and date of the TSDF or the name, EPA I.D., signature and date of the next transporter.	<input checked="" type="checkbox"/>		
o Manifest Document number	<input checked="" type="checkbox"/>		
o Proper DOT shipping description	<input checked="" type="checkbox"/>		
o Quantity & type of containers	<input checked="" type="checkbox"/>		
(If no, to any of the above obtain copies of incomplete manifests).			
3) Based on available information, do all manifests conform to the hazardous waste shipments made? If no, explain	<input checked="" type="checkbox"/>		
262.22 - Have records been kept since November 19, 1980?	<input checked="" type="checkbox"/>		
263.30 - Has there ever been a spill or discharge of hazardous waste during transportation?		<input checked="" type="checkbox"/>	
If yes, was the incident report submitted to DOT? (obtain copy of the report)			<input checked="" type="checkbox"/>
263.31 - If there was any spill or discharge of hazardous waste, was it cleaned up? If no, explain.			<input checked="" type="checkbox"/>

## General Comments:

\* Company DOES NOT HAUL HAZ. WASTE. REGISTERED ORIGINALLY FOR POSSIBLE WASTE HAULING ACTIVITY.

MAR 16 1983

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. John Pagnam  
Wheaton Glass Company  
Wheaton Avenue  
Millville, NJ

Re: EPA Identification Number: NJDOG2349850  
Facility Location: Same  
Inspection Date: January 19, 1983

Dear Mr. Pagnam:

The Environmental Protection Agency (EPA) is charged with the responsibility of implementing the Solid Waste Disposal Act, as amended, 42 U.S.C. §6901 et seq. (the Act). [Among the statutes amending the Act is the Resource Conservation and Recovery Act (RCRA), 90 Stat. 2795, P.L. 94-580 (1976).] By notification, you informed EPA that you conduct activities at the above referenced facility involving "hazardous waste," as that term is defined in Section 1004(5) of the Act, 42 U.S.C. §6904(5), and in 40 CFR §261.

In accordance with EPA's responsibility, an inspection was performed at this facility by a duly authorized representative of EPA pursuant to Section 3007 of the Act. This above referenced inspection revealed that your facility was acting as a generator by producing hazardous waste.

40 CFR Part 262.34 establishes standards for generators who accumulate hazardous waste on site for 90 days or less. This section of Part 262 incorporates by reference Subparts C, D, I, and J of 40 CFR Part 265.

The inspection revealed that your facility was in violation of one or more of these subparts. On the basis of these findings, the Chief, Solid Waste Branch, Region II, has determined that your facility is operating in violation of Section 3002 of the Act, 42 U.S.C. §6922, and the regulations promulgated thereunder. The following paragraphs indicate the regulatory provisions that have been violated.

1 40 CFR §262.34(a) allows a generator to accumulate hazardous waste in containers and tanks for a period of no more than 90 days provided the accumulation conforms to certain regulations. At the time of the inspection, it was revealed that your facility did not meet the requirements of:

2 40 CFR §262.34(a)(4) which requires a generator to comply with the requirements in 40 CFR 265 Subpart C (Preparedness and Prevention) and 40

git  
HADM  
3/29/83

10102



CFR 265 Subpart D (Contingency Plan and Emergency Procedures) and with §265.16 (Personnel Training). You were therefore in violation of 40 CFR §262.34(a)(4).

§ 40 CFR §265.51 requires that the owner and operator of a hazardous waste facility must have a written contingency plan for the facility designed to minimize hazards to human health or the environment from any unplanned release of hazardous waste constituents. 40 CFR §265.52 describes the required contents of the contingency plan. At the time of the inspection, the content of this plan was insufficient to meet the requirements of this section. You were therefore in violation of 40 CFR §265.51.

Section 3008 of the Act authorizes the assessment of a civil penalty of up to \$25,000 per day for violations of statutory provisions or relevant regulations. The determination of whether a penalty is to be imposed is based upon the nature and seriousness of the violation and the good faith efforts to comply with the applicable requirements. It has been determined in this case that no penalty will be imposed for the violations cited above if the facility corrects all violations cited herein as expeditiously as possible and in no case later than sixty (60) days from the receipt of this letter. Should the cited violations be discovered at this facility during future inspections, it is likely that an action for the assessment of a civil penalty will be initiated. Furthermore, please be advised that this letter in no way precludes future enforcement actions for any other violations discovered as a result of any other inspection.

Please confirm in writing within sixty (60) days of your receipt of this letter that the above referenced violations have been corrected. This confirmation should be addressed to:

Ernest A. Regna  
Chief, Solid Waste Branch  
Air and Waste Management Division  
U. S. Environmental Protection Agency, Region II  
26 Federal Plaza  
New York, New York 10278

Also, please send a copy of this confirmation to Chief, Permits Administration Branch, at the same address. You must include your EPA identification number on all correspondence.



Should you have questions about this Notice or should you wish to discuss this matter further, please contact Philip Guarata of my staff at (212) 264-2377. A copy of the inspection report is enclosed.

Sincerely yours,

Ernest A. Regue

Chief

Solid Waste Branch

Enclosure

cc: Joseph Kogutski

Assistant Director for Field Operations,

Compliance and Enforcement, Div. of Waste Management, NJDEP, w/o encl.

bcc: Philip Guarata, 2AMM-SW w/encl.

Richard A. Baker, 2PM-PAB w/o encl. ✓

## RCRA INSPECTION REVIEW SHEET

Name of Facility - ~~WEATON~~ *Wheaton Glass Co* INDUSTRIES

RCRA ID# - NJ D002349850

Date of Inspection - 8/28/81

Type of Inspection: Generator

Transporter

TSD

Name of EPA/State Inspector

ALBERT FRALINGER  
NJ-DEP-SWA

## Findings of Inspection:

- ① NO WASTE IS STORED ON SITE,
- ② HAVE petitioned EPA FOR TSD STATUS  
CHANGE TO ONLY a GENERATOR
- ③ MANIFEST RECORDS FOUND IN ORDER.

## Action(s) Taken:

NO ACTIONS TO BE TAKEN.

## Action(s) Recommended:

CONFIRMATION OF TSD STATUS  
CHANGE BASED ON petition letter to  
MARIAH TASCARELLA, EPA PERMITS -  
ADMINISTRATION BRANCH.

PERMITS ADMIN BRANCH  
REGION III  
JAN 15 11 11 AM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

RCRA GENERATOR INSPECTION FORM

COMPANY NAME:

WEATON INDUSTRIES

EPA I.D. NUMBER:

NJD002349850

COMPANY ADDRESS:

10<sup>th</sup> STREET Millville, N.J.

COMPANY CONTACT OR OFFICIAL:

JOHN PAGNAM

INSPECTOR'S NAME:

ALBERT FRAINGER

TITLE:

VICE PRESIDENT / GENERAL MANAGER  
OF POLLUTION ABATEMENT SERVICES

BRANCH/ORGANIZATION:

NJ DEP - SWA

CHECK IF FACILITY IS ALSO A TSD

FACILITY /X/

DATE OF INSPECTION:

8-28-81

YES

NO

DON'T  
KNOW

COMPANY HAS CHANGED STATUS.  
(SEE ATTACHED LETTER.)

(1) Is there reason to believe that the facility has hazardous waste on site?

X

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES

NO

DON'T  
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

1.        X       

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

AT THIS PRESENT TIME NO HAZARDOUS WASTE IS  
IN STORAGE

- d. Describe the activities that result in the generation of hazardous waste.

HAZARDOUS WASTE THAT IS GENERATED COMES FROM A CYANIDE DIP TANK USED TO CLEAN GLASS MOLDS. WHEN THE DIP LOSES ITS CLEANSING STRENGTH, THROUGH DILUTION, THE TANK IS FLUSHED AND HAULED OFF SITE.

- (2) Is hazardous waste stored on site? No waste is ever stored on site

       X       

- a. What is the longest period that it has been accumulated?

THE MATERIAL IS REMOVED THE DAY THE TANK IS FLUSHED AND REFILLED. THE HAULER ALSO PERFORMS THE FLUSHING SERVICE.

- b. Is the date when drums were placed in storage marked on each drum?

N/A

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

X              

- a. If "yes," approximately how many shipments were made?

FIVE

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

FIVE

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

X              

- b. If "no" or "don't know," please elaborate.

<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
------------	-----------	-----------------------

c. Does each manifest (or a representative sample) have the following information?

- |  |          |          |          |
|--|----------|----------|----------|
| - a manifest document number   | <u>X</u> | <u>—</u> | <u>—</u> |
| - the generator's name, mailing address, telephone number, and EPA identification number   | <u>X</u> | <u>—</u> | <u>—</u> |
| - the name, and EPA identification number of each transporter  | <u>X</u> | <u>—</u> | <u>—</u> |
| - the name, address and EPA identification number of the designated facility and an alternate facility, if any:  | <u>—</u> | <u>X</u> | <u>—</u> |
| - a description of the wastes (DOT)  | <u>X</u> | <u>—</u> | <u>—</u> |
| - the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle  | <u>X</u> | <u>—</u> | <u>—</u> |
| - a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA | <u>X</u> | <u>—</u> | <u>—</u> |

(5) Were there any hazardous wastes stored on site at the time of the inspection?

a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?

N/A

b. If not properly packaged or in secure tanks, please explain.

c. Are containers clearly marked and labelled? N/A

d. Do any containers appear to be leaking?

e. If "yes," approximately how many?

\*(6) Has the generator submitted an annual report to EPA covering N/A the previous calendar year?

a. How do you know?

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? X      

a. If "no," have Exception Reports been submitted to EPA covering these shipments?         

(8) General comments.

THE CYANIDE DIP TANK, A SODIUM CYANIDE SOLUTION, IS USED TO CLEAN GLASS MOLDS OF SILICATES, GREASE AND OTHER METAL IMPURITIES. NO PROBLEMS EXISTED AT THIS FACILITY. WITH THE EXCEPTION OF THE LAST MANIFESTED LOAD WHEATONS WAS USING THE OLD N.J. MANIFEST FORMS - LACKING A SPACE FOR AN EPA IDENTIFICATION NUMBER. HOWEVER EACH LOAD WAS ACCOMPANIED BY A MARYLAND MANIFEST DOCUMENT CONTAINING THE REQUIRED INFORMATION. THE CYANIDE WASTE P030 GOES TO AMERICAN RECOVERY IN MARYLAND.

\* The effective date for this requirement is March 1, 1982.





NJD 002349850

PAS  
HRA  
ENVIRONMENTAL AGENCY  
NEW YORK, N.Y. 10007

MILLVILLE, NEW JERSEY 08332  
TELEPHONE 609 825 1400

April 1, 1981

United States Environmental Protection Agency  
Permits Administration Branch  
c/o Marian Tascarella  
26 Federal Plaza  
New York, NY 10278

Dear Marian:

As per our telephone conversation, I am formally noting what we had discussed concerning letters to three of our affiliates.

In answer to your question concerning the reason why Part A of the permit application was not forwarded to your office, I submit the following:

- I. Wheaton Industries EPA I.D. #NJD002349850 *see TSD. OK*
  - . currently does not and has not treated, stored or disposed of hazardous waste;
  - . is a generator only and complying to all RCRA pertaining regulations;
  - . possibility of becoming TSDF in the future.
- II. Wheaton Cartage EPA I.D. #NJD000811091 *see BT ~~TSDF~~ P. OK*
  - . currently does not and has not stored hazardous waste as defined by recent EPA promulgations;
  - . possibility of becoming a transporter, however, as current conversations with the I.C.C. persist;
  - . wish to retain I.D. number for the purpose of becoming a transporter.
- III. Decora Inc. (Decora I - Williamstown) EPA I.D. #NJD071626485 *see BT - OK*
  - . does not currently treat, store or dispose as a facility;
  - . is planning to construct a treatment facility in the future for the removal of lead silicate from waste water;
  - . will file with EPA six (6) months prior to final plans;

- continued -



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/02/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD002349850

FACILITY NAME -> LAWSON MARDON WHEATON INC

MAILING ADDRESS -> 1101 WHEATON AVE  
MILLVILLE, NJ 08332-2047

INSTALLATION ADDRESS -> 1101 WHEATON AVE  
GLASS OPERATIONS  
MILLVILLE, NJ 08332-2047

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: ELEGANTE, ROBERT  
DIR REG ENV AFF  
LAWSON MARDON WHEATON INC  
1101 WHEATON AVE  
MILLVILLE, NJ 08332-2047



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD002349850

INSTALLATION ADDRESS

WHEATON GLASS COMPANY  
1101 WHEATON AVENUE  
MILLVILLE

NJ 08332

WHEATON AVE  
MILLVILLE

NJ 08332



Please refer to the instructions for filling this form before completing it. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

96-11-20

I. Installation's EPA ID Number (Mark X in the appropriate box)

☐ A. First Notification

☒ B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

N J D 0 0 2 3 4 9 8 5 0

II. Name of Installation (Include company and specific site name)

GLASS OPERATIONS - MILLVILLE

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

W H E A T O N A V E N U E

Street (Continued)

City or Town

M I L L V I L L E

State

N J

Zip Code

0 8 3 3 2 - 2 0 4 7

County Code

County Name

C U M B E R L A N D

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 1 0 1 W H E A T O N A V E N U E

City or Town

M I L L V I L L E

State

N J

Zip Code

0 8 3 3 2 - 2 0 4 7

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

E L E G A N T E

(First)

R O B E R T

Job Title

D I R E C T O R

Phone Number (Area Code and Number)

6 0 9 - 8 2 5 - 1 4 0 0

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☒ X

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

L A W S O N M A R D O N W H E A T O N I N C .

Street, P.O. Box, or Route Number

1 1 0 1 W H E A T O N A V E N U E

City or Town

M I L L V I L L E

State

N J

Zip Code

0 8 3 3 2 - 2 0 4 7

Phone Number (Area Code and Number)

6 0 9 - 8 2 5 - 1 4 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Yes

No

(Date Changed)

Month

Day

Year

Change (name)  
The correct address is 1101 per David  
11/22/96 12:58



VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

### A. Hazardous Waste Activity

### B. Used Oil Recycling Activities

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 1. Generator (See Instructions)<br>a. Greater than 1000kg/mo (2,200 lbs.)<br>b. 100 to 1000 kg/mo (200-2,200 lbs.)<br>c. Less than 100 kg/mo (220 lbs.)<br><input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5)<br>a. For own waste only<br>b. For commercial purposes<br><br>Mode of Transportation<br><input type="checkbox"/> 1. Air<br><input type="checkbox"/> 2. Rail<br><input type="checkbox"/> 3. Highway<br><input type="checkbox"/> 4. Water<br><input type="checkbox"/> 5. Other - specify _____ | <input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation). Note: A permit is required for this activity - see Instructions.<br><input type="checkbox"/> 4. Hazardous Waste Fuel<br>a. Generator Marketing to Burner<br>b. Other Marketers<br>c. Boiler and/or Industrial Furnace<br><input type="checkbox"/> 1. Smelter/Deferral<br><input type="checkbox"/> 2. Small Quantity Exemption<br>Indicate Type of Combustion Device(s)<br><input type="checkbox"/> 1. Utility Boiler<br><input type="checkbox"/> 2. Industrial Boiler<br><input type="checkbox"/> 3. Industrial Furnace<br><input type="checkbox"/> 5. Underground Injection Control |
|--|---|

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes. (Use additional sheets if necessary).

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- | 1. Ignitable<br>(D001) | 2. Corrosive<br>(D002) | 3. Reactive<br>(D003) | 4. Toxicity<br>Characteristic | (List specific EPA hazardous waste number(s) for the toxicity characteristic contaminant(s)) |         |         |         |
|------------------------|------------------------|-----------------------|-------------------------------|--|---------|---------|---------|
| X                      | X                      |                       | X                             | D 0 0 5  | D 0 0 6 | D 0 0 7 | D 0 1 0 |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 2	F 0 0 3	F 0 0 5			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an LD. number; See Instructions.)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
X 7 2 5	X 7 2 6	X 7 5 0	X 7 5 2		

### X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Robert E. Elegante

Director of Reg and Env. Affairs

Date Signed

12 Nov. 1996

## XI. Comments

**Note:** Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER															APPROVED		DATE RECEIVED (yr., mo., & day)																																																																																												
F M J D 0 0 2 3 4 9 8 5 0 2 1																	8 0 0 8 1 8																																																																																												
1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55	

## I. NAME OF INSTALLATION

WHEATON GLASS COMPANY

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

1101 WHEATON AVENUE

## CITY OR TOWN

MILLVILLE

## ST.

NJ

## ZIP CODE

08332

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

WHEATON AVE

## CITY OR TOWN

MILLVILLE

## ST.

NJ

## ZIP CODE

08332

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

PAGNAM JOHN A. ASSOC. CHEMIST

## PHONE NO. (area code &amp; no.)

609-825-1400

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

WHEATON INDUSTRIES

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY															
S														T/A	C
W	N	J	D	0	0	2	3	4	9	8	5	0	2	1	
1	2											13	14	15	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 F002 23 - 26	3 F003 23 - 26	4 F005 23 - 26	5 F006 23 - 26	6 F009 23 - 26
7 F017 23 - 26	8 F018 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P030 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) JOHN A. PAGNAM, Assoc. Chemist	DATE SIGNED 8/15/80
---	---	------------------------

RP



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/13/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD002349850

FACILITY NAME -> WHEATON GLASS MILLVILLE

MAILING ADDRESS -> 1101 WHEATON AVE  
MILLVILLE, NJ 08332-2047

INSTALLATION ADDRESS -> 1101 WHEATON AVE  
MILLVILLE, NJ 08332-2047

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: ELEGANTE, ROBERT  
DIR REG ENV AFF  
WHEATON GLASS MILLVILLE  
1101 WHEATON AVE  
MILLVILLE, NJ 08332-2047



(address)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for filling this form before completing. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

NOV 10 11  
-8 PM 1996

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

N J D 0 0 2 3 4 9 8 5 0

## II. Name of Installation (Include company and specific site name)

W H E A T O N G E A S S M I L L V I L L E

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

W H E A T O N A V E N U E

Street (Continued)

City or Town

State

Zip Code

M I L L V I L L E N J 0 8 3 3 2 - 2 0 4 7

County Code

County Name

C U M B E R L A N D

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 1 0 1 W H E A T O N A V E N U E

City or Town

State

Zip Code

M I L L V I L L E N J 0 8 3 3 2 - 2 0 4 7

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

E L E G A N T E R O B E R T

Job Title

Phone Number (Area Code and Number)

D I R R E G E N V A F F 6 0 9 - 8 2 5 - 1 4 0 0

## VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☐ ☒ ☐

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

W H E A T O N I N C

Street, P.O. Box, or Route Number

1 1 0 1 W H E A T O N A V E N U E

City or Town

State

Zip Code

M I L L V I L L E N J 0 8 3 3 2 - 2 0 4 7

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

6 0 9 - 8 2 5 - 1 4 0 0 P P Yes ☐ No ☒ Month Day Year



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

### VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

#### A. Hazardous Waste Activity

1. Generator (See Instructions)
  - ☒ a. Greater than 1000kg/mo (2,200 lbs.)
  - ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
  - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
  - ☐ a. For own waste only
  - ☐ b. For commercial purposes

#### Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation). Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketers
  - ☐ c. Boiler and/or Industrial Furnace
    - ☐ 1. Smelter Refractor
    - ☐ 2. Small Quantity Exemption
  - ☐ Indicate Type of Combustion Device(s)
    - ☐ 1. Utility Boiler
    - ☐ 2. Industrial Boiler
    - ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

#### B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
  - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
  - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
  - ☐ a. Utility Boiler
  - ☐ b. Industrial Boiler
  - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
  - ☐ a. Transporter
  - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
  - ☐ a. Process
  - ☐ b. Re-refine

### IX. Description of Hazardous Wastes (Use additional sheets if necessary)

#### A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- |                                     |                                     |                          |   |
|-------------------------------------|-------------------------------------|--------------------------|---|
| 1. Ignitable (D001)                 | 2. Corrosive (D002)                 | 3. Reactive (D003)       | 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> D 0 0 5   D 0 0 6   D 0 0 7   D 0 1 0   |

#### B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 2	2 F 0 0 3	3 F 0 0 5	4	5	6
7	8	9	10	11	12

#### C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1 X 7 2 5	2 X 7 2 6	3 X 7 5 0	4 X 7 5 2	5	6
--------------	--------------	--------------	--------------	---	---

### X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Robert E. Elegante  
Director of Reg and Env. Affairs

10/25/95

### XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)